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Federal Funding and National Suicide Prevention Lifeline Overview

**Trina Ita, Associate Commissioner
Behavioral Health Services**



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HR133 and American Rescue Plan Act Funding

HR133 and ARPA MHBG and SABG Funding Plan Award

Combined Total Award \$456,179,876

Category	HR133 MHBG*	HR133 SABG**	ARPA MHBG*	ARPA SABG**	Totals
Set Asides	\$11,187,140	\$27,127,323	\$19,323,243	\$23,428,143	\$81,065,849
Salary / Admin Costs	\$5,188,399	\$6,781,831	\$6,766,914	\$5,857,036	\$24,594,180
Balance	\$58,205,397	\$101,727,45 9	\$102,731,45 9	\$87,855,532	\$350,519,847
Total Funding	\$74,580,936	\$135,636,61 3	\$128,821,61 6	\$117,140,71 1	\$456,179,876

Budget Period: September 1, 2021 – September 30, 2025

American Rescue Plan Act (ARPA)

*Community Mental Health Block Grant (MHBG)

**Substance Abuse Prevention and Treatment Block Grant (SABG)



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HR133 and ARPA Supplemental Block Grant Awards Project Periods





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Mental Health Services

HR133 and ARPA MHBG Supplemental Funding Plan



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Crisis Services



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\$31 million

- Funding for eight crisis response and diversion programs in rural communities
 - ▶ Co-responder teams
 - ▶ Law enforcement liaisons
- Expand Crisis Hotline and Mobile Crisis Outreach Team availability across Texas



Anticipated Outcomes

- 26,997 people served
- Decrease in persons with mental illness booked into jails
- Increase in mental health and criminal justice system coordination
- Increase in persons diverted into mental health and substance use treatment

Mental Health Services: Housing Initiatives



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\$58.3 million

- Funding for housing related initiatives
 - ▶ State Hospital Step-Down to the Community
 - ▶ Texas Housing Support Line
 - ▶ Community specific housing projects



Anticipated Outcomes

- 62,703 people served
- Decrease use of state-funded inpatient psychiatric beds
- Increase referrals to local Continuums of Care and Coordinated Entry
- Obtain affordable permanent housing in the community
- Increase in persons receiving mental health and substance use services

Outpatient Capacity Expansion



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\$78.2 million

- Funding to expand outpatient mental health services to address growing demand due to population growth
- Addressed funding disparities and local challenges
- Provides evidence-based treatment services



Anticipated Outcomes

- 2,841 outpatient slots increase access to ongoing mental health treatment
- Addresses need for additional services related to population growth
- Provides more robust services to persons deemed underserved

Coordinated Specialty Care



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\$19.4 million

- Funding for Coordinated Specialty Care programming
 - ▶ Additional teams at eight existing providers
 - ▶ Expand program to two additional providers in rural communities



Anticipated Outcomes

- 910 people served
- Increase in persons obtaining competitive employment
- Decrease in crisis episodes and state-funded psychiatric hospitalizations
- Decrease in criminal justice involvement

Peer and Recovery Support



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\$5.2 million

- Funding to expand peer services capacity
 - ▶ Six mental health recovery clubhouses
 - ▶ Eight consumer operated service providers

Anticipated Outcomes

- 1,856 people served
- Increases workforce capacity through peer specialist training and certification
- Cost effective alternative to emergency room and hospital care
- Improves the crisis response systems by expanding peer supported recovery support services





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Substance Use Services

HR133 and ARPA SABG Supplemental Funding Plan



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Prevention Education and Awareness



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\$39.1 million

- Funding for primary prevention and health promotion campaign
 - ▶ Focuses public messaging on building connection, resilience, and reducing stigma
- Adds an interactive digital tool to the legislatively directed Opioid Misuse Awareness Campaign that enables self-screening to detect symptoms of a substance use disorder
- Provides prevention services to youth, young adults, and parents.
 - ▶ Preventing substance misuse by building resilience, improving behavioral health, and healing trauma
- Identifies Texas' needs and gaps by expanding the largest national annual telephone survey of healthcare risk factors and chronic health conditions
 - ▶ Collects surveillance data on prescription pain medication use, medication disposal practices, and education received



Anticipated Outcomes

- Reach an estimated 2,533,000 people
- Enable self-directed access to 350,000
- Prevent substance use disease or injury before it occurs
- Intervene in substance use disease progression by increasing pathways to treatment and recovery support
- Increase data availability in areas of high-need that encounter data collection barriers.

Community Development



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\$19 million

- Address community conditions contributing to substance use and misuse
 - ▶ Promotes health and wellness to prevent substance use initiation and disease across Texas communities
 - ▶ Advances primary prevention infrastructure within tribal communities



Anticipated Outcomes

- Reach 30,003,450 through the community prevention coalitions (SFY 2023-SFY 2025)
- Reduce substance use initiation
- Prevent substance use related disease and injury
- Equip tribal communities with health promotion tools to reach 300 people

Crisis Response and Overdose Prevention



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\$18.3 million

- This strategy seeks to reduce limitations of the following opioid overdose prevention and crisis response programs to address all substance use related disease
 - ▶ Integrated substance use and EMS paramedicine programs
 - ▶ Overdose prevention drop-in and sobering center services



Anticipated Outcomes

- Reduce overdose risk for 10,700 people
- Reduce morbidity and mortality associated with substance use
- Increase access points for healthcare amongst hard-to-reach populations with high disease severity
- Reduce associated healthcare and criminal justice costs

Access to Treatment



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\$44.8 million

- Capacity expansion to meet increased demand for substance use disorder treatment precipitated by the pandemic
 - ▶ Medications to treat alcohol and other substance use disorders
 - ▶ Community-based outpatient treatment (CCBHC)
 - ▶ Acute withdrawal management (medically monitored pre-treatment)
 - ▶ Residential treatment services



Anticipated Outcomes

- Treat approximately 24,590 Texans diagnosed with a substance use disorder
- Reduce morbidity and mortality associated with substance use
- Reduce associated healthcare and criminal justice costs

Virtual Services



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\$35.1 million

- Meet increased demand for tele-behavioral health services for individuals unable to access services in person due to COVID-19 and/or other barriers
 - ▶ Infrastructure building
 - ▶ Establishing increased service access points
 - ▶ Tele-mentoring (ECHO)
 - ▶ Provision of telemedicine and telehealth via a 24-hour substance use disorder clinic
 - ▶ Provide tele-behavioral health services for Native Indians in the Alabama Coushatta Tribe of Texas (ACTT) service area.



Anticipated Outcomes

- Build infrastructure for 15 behavioral health organizations
- Improved competency in virtual service delivery for 4,500 staff of behavioral health organizations
- Provide telehealth, telemedicine, and tele-recovery for 92,000 Texans experiencing barriers to accessing services
- Provide tele-behavioral health services for 200 persons in the ACTT service area

Recovery Support



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\$19.9 million

- Expansion of recovery support services to meet increased demand due to the pandemic
 - ▶ Hospital-based screening, brief intervention, referral to treatment, and recovery support
 - ▶ Offer adjunct services to maintain engagement and facilitate long-term recovery for pregnant women and women with dependent children throughout the substance use continuum of care
 - ▶ Peer recovery support services
 - ▶ Training and technical assistance to recovery support organizations



Anticipated Outcomes

- Increased competency in peer recovery support service delivery to 40 recovery support organizations
- 120,000 recovery resources distributed
- Peer recovery support provided to 25,750 people

Substance Use Services: Housing Initiatives



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\$57.2 million

- Expand recovery housing to specialized populations:
 - ▶ Emerging adults
 - ▶ Women with dependent children
- Comprehensive, integrated treatment and recovery support services for the maternal/infant dyad
- Establishes or continues housing projects to address housing instability and homelessness in Texas



Anticipated Outcomes

- Recovery housing provided to 568 adults ages 18-25
- Comprehensive neonatal abstinence syndrome treatment services with supportive transitional housing provided to 1,340 women and children
- Stability in recovery and housing while increasing recovery capital and maintaining family preservation
- Reduction in associated child welfare and neonatal intensive care unit costs



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National Suicide Prevention Lifeline 988 Planning Grant

What is the National Suicide Prevention Lifeline?



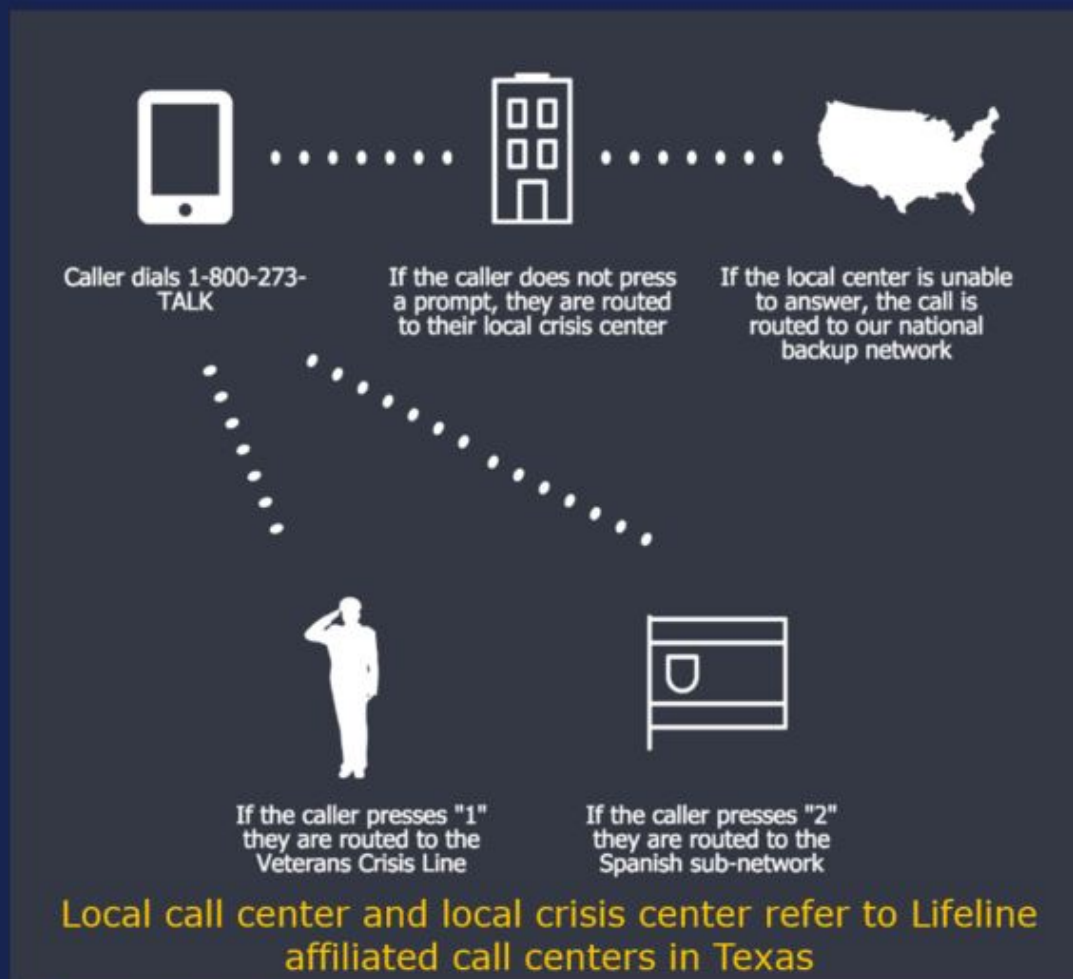
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- The National Suicide Prevention Lifeline (Lifeline) is a network of independently funded local and state call centers. It is not one large national call center.
- Lifeline is funded by the federal Substance Abuse and Mental Health Services Administration and administered by Vibrant Emotional Health.
- Lifeline provides 24/7, free, and confidential support for people in distress, suicide prevention and crisis resources, and best practices for professionals.



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What happens when someone calls into the Lifeline?



Source: Vibrant Emotional Health

Lifeline in Texas



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There are five affiliated Lifeline call centers in Texas:

- The Suicide & Crisis Center (Amarillo)
- The Harris Center (Houston)
- Integral Care (Austin)
- Emergence Health Network (El Paso)
- ICARE Call Center of MHMR Tarrant (Fort Worth)

To be part of the Lifeline network, a crisis center must:

- Be certified, accredited, or licensed by an external body
- Follow specific standards for answering Lifeline calls
- Be willing to participate in Lifeline evaluation activities

988 Planning Grant (1 of 3)

The purpose of this grant is to assist agencies in planning for the implementation of a new, national, three-digit number for mental health crisis and suicide response.

- HHSC was awarded the grant on February 20, 2021
- HHSC Crisis Services Unit will partner with existing Lifeline affiliated call centers: Integral Care, The Harris Center, MHMR of Tarrant County, and Emergence Health Network
- Grant period is February - September 2021 and funds total \$180,261.63
- Funds are primarily used towards stipends for the Texas Lifeline call centers and a strategic planning consultant: Texas Suicide Prevention Collaborative



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988 Planning Grant (2 of 3)



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- **Eligible applicants for this grant:** State mental health and public health agencies in all 50 U.S. states and the District of Columbia
- Each Lifeline member center must receive a stipend for participation in the grant
- Grant awards were non-competitive



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988 Planning Grant (3 of 3)

Goal 1: Develop a clear roadmap to address key coordination, capacity, funding, and communication strategies that are foundational to the launching of 9-8-8 which will occur on or before July 16, 2022.

Goal 2: Plan for the long-term improvement of in-state answer rates of 9-8-8 calls.

- This requires:
 - ▶ Ensuring the creation, and monthly convening, of a 9-8-8 key stakeholder coalition workgroup
 - ▶ Development and implementation of strategies to increase the likelihood that the in-state answer rate for Lifeline calls be at least 80% by December, 31, 2021 and 90% by July 2022



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Grant Deliverables

Deliverable	Due Date	Status
Landscape Analysis	April 16, 2021 (deadline extended)	Complete
Draft Implementation Plan	September 30, 2021 (deadline extended)	Ongoing-template available end of month
Final Implementation Plan	January 21, 2022	Not started

Stakeholder Coalition Meetings

- Monthly coalition meetings began in April 2021
- Stakeholders include:
 - ▶ Persons with lived experience
 - ▶ Representatives from each Lifeline center receiving stipends through the grant
 - ▶ State suicide prevention coordinators
 - ▶ Mobile crisis services providers
 - ▶ Providers of crisis respite/stabilization services
 - ▶ Law enforcement leaders
 - ▶ 9-1-1/Public Safety Answering Points leaders
 - ▶ Peer support service providers
 - ▶ Major state/local mental health and suicide prevention advocacy groups



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Questions?



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Thank you

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